



UTAH DEPARTMENT OF TRANSPORTATION
PORTS OF ENTRY

4501 South 2700 West / Box 148240
Salt Lake City, UT 84114-1210
Phone (801) 965-4892
Fax (801) 965-4211

SAFETY & SECURITY VERIFICATION
ORDER FORM 2004

Name (DBA) _____
Address _____
Mailing Address _____
City/State/Zip _____

US DOT _____
Phone _____
Fax _____

Please indicate the vehicles you wish to register:

Unit No.	Full VIN Number	Make	Year	License No./State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Attach 2nd sheet if necessary.

Total # Vehicles _____ x \$6.00 = _____ Amount Enclosed

Signature _____ Date _____

OPTION: You may fax this form in with a credit card number. There is a VitalChek fee added to the total, which will appear on your statement.

Credit Card Num: _____ Expiration Date: ____/____

1. Mail this form to the above address.
2. Make checks payable to the Utah Department of Transportation.
3. Enclose **Certificate of Insurance** or **Form E** showing current auto liability insurance (minimum - \$750,000). If you think your insurance is on file with us, please make sure it has not expired.